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CONFIRMATION NO. 1200

SERIAL NUMBER 09/772,394	FILING OR 371(c) DATE 01/30/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 79731.010100
APPLICANTS Peter Stangel, Nyack, NY; ** CONTINUING DATA ***** This appln claims benefit of 60/247,246 11/13/2000 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 13	TOTAL CLAIMS 19
INDEPENDENT CLAIMS 8				
ADDRESS 22191				
TITLE CLINICAL CARE UTILIZATION MANAGEMENT SYSTEM				
FILING FEE RECEIVED 855	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	

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